

PCT

CHAPTER II

FEE CALCULATION SHEET

Annex to the Demand

<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">International application No. PCT/US03/00085</div> <div style="border: 1px solid black; padding: 2px;">Applicant's or agent's file reference PCT 10200000</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">For International Preliminary Examining Authority use only</div> <div style="border: 1px solid black; padding: 2px;">Date stamp of the IPEA</div>																		
Applicant UNISYS CORPORATION																			
CALCULATION OF PRESCRIBED FEES <table style="width: 100%;"><tr><td style="width: 60%;">1. Preliminary examination fee</td><td style="width: 20%; text-align: right;">600.00</td><td style="width: 20%; text-align: center;">P</td></tr><tr><td colspan="3"> </td></tr><tr><td>2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)</td><td style="text-align: right;">162.00</td><td style="text-align: center;">H</td></tr><tr><td colspan="3"> </td></tr><tr><td>3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box</td><td style="text-align: right;">762.00</td><td></td></tr><tr><td></td><td style="text-align: right;">TOTAL</td><td></td></tr></table>		1. Preliminary examination fee	600.00	P				2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	162.00	H				3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	762.00			TOTAL	
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AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i> <table style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;"><input checked="" type="checkbox"/> Authorization to charge the total fees indicated above. <input checked="" type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.</td><td style="width: 50%; vertical-align: top;">IPEA/ <u>US</u> Deposit Account No.: <u>19-3790</u> Date: <u>29 July 2004</u> Name: <u>MARK T. STARR</u> Signature: </td></tr></table>		<input checked="" type="checkbox"/> Authorization to charge the total fees indicated above. <input checked="" type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	IPEA/ <u>US</u> Deposit Account No.: <u>19-3790</u> Date: <u>29 July 2004</u> Name: <u>MARK T. STARR</u> Signature:																
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